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CONFIRMATION NO. 8708

<b>SERIAL NUMBER</b> 10/717,736	<b>FILING OR 371(c) DATE</b> 11/20/2003 <b>RULE</b>	<b>CLASS</b> 702	<b>GROUP ART UNIT</b> 2863	<b>ATTORNEY DOCKET NO.</b> BO1 - 0019US
<b>APPLICANTS</b> Scott E. Black, Godfrey, IL; <i>u</i> Kirby J. Keller, Chesterfield, MO; <i>u</i> Kevin Swearingen, St. Charles, MO; <i>u</i>				
<b>** CONTINUING DATA *****</b> <i>u</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>u</i>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>fu</i> <i>sl</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 23
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 60483				
<b>TITLE</b> Component health assessment for reconfigurable control				
<b>FILING FEE RECEIVED</b> 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	